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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				<i>Complete if Known</i>	
				Application Number	
				Filing Date	
				First Named Inventor	
				Group Art Unit	
				Examiner Name	
Sheet		of		Attorney/Docket Number	CS20045RL

[illegible][illegible]

Examiner Signature	<i>F H New</i>	Date Considered	9-16-2002
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Signature	<i>[Signature]</i>	Considered	<input checked="" type="checkbox"/>
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation, if not in conformance and not considered. Include copy of this form with next communication to applicant.

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